

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/14/2012	
NAME OF PROVIDER OR SUPPLIER WALDRON HEALTH AND REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 505 N MAIN ST WALDRON, IN 46182			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00108595.</p> <p>Complaint IN00108595 - Substantiated. Federal/state deficiencies related to the allegations are cited at F323.</p> <p>Survey date: 06/14/12</p> <p>Facility number: 000423 Provider number: 155704 AIM number: 100290450</p> <p>Team: Joyce Hofmann, RN, TC Barbara Hughes, RN</p> <p>Census bed type: SNF/NF: 61 Total: 61</p> <p>Census payor type: Medicare: 12 Medicaid: 38 Other: 11 Total: 61</p> <p>Sample: 3</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>This Plan of Correction is the facility's credible allegation of compliance.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider to the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality review 6/20/12 by Suzanne Williams, RN						

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F0323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on record view, observation, and interviews, the facility failed to ensure supervision was provided during the transfer of a resident with a mechanical lift, resulting in the resident falling from the lift and sustaining multiple fractures and a head injury, for 1 of 3 residents reviewed for accidents in a sample of 3. [Resident #B]</p> <p>Findings include:</p> <p>During an interview with Resident #B on 6/14/12 at 1:15 p.m., Resident #B indicated that in the process of being moved with a mechanical lift on 4/12/12 at 8:30 p.m., from her motor scooter to her bed, she fell out of the sling onto the floor beside her bed resulting in a fractured femur, broken ribs and a head injury. She indicated that when the accident occurred, there was only one CNA moving her. She indicated there are usually two people, but the other CNA was helping her roommate.</p> <p>The clinical record of Resident #B was</p>		F0323	<p>F 323 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident # B continues to be transferred using the mechanical lift without difficulty. Immediate re-education began with staff on proper technique for use of mechanical lifts with return demonstration. Resident treated at the hospital and returned to the facility. Attachment # 1 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All staff involved in use of mechanical lift were re-educated on proper technique for use of mechanical lifts with return demonstration. New admissions are reviewed by therapy to determine appropriate use of mechanical lifts for transfers. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Nursing staff were re-educated on proper technique for use of mechanical lifts on 4/13/2012 with return demonstration by all CNA's and nurses, and were</p>		06/28/2012	

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	<p>reviewed on 6/14/12 at 2:20 p.m. and indicated the resident had diagnoses which included, but were not limited to, multiple sclerosis, seizure disorder, and depressive disorder. Resident #B's quarterly Minimum Data Set [MDS] assessment dated 03/06/12 and significant change MDS dated 04/25/12, indicated the resident had a BIMS score of "15" which indicated she was independent with cognitive skills for daily decision making. The MDS's also indicated the resident needed extensive assist of two persons for transfers.</p> <p>Review of Occupational Therapy notes dated 02/16/12 at 2:50 p.m. and 04/17/12 at 7:04 a.m., indicated Resident #B had used a walker, then had a decline and a fall, and required a Hoyer lift since sustaining an ankle injury in October of 2011.</p> <p>Resident #B's Activities of Daily Living (ADL) Care Plan indicated a notation dated 2/24/12 that resident is to have a Hoyer lift for all transfers. The resident's Fall Risk Care Plan dated 4/17/12 (after the accident) indicated a mechanical lift be used with two people for all transfers.</p> <p>The record indicated the resident fell during the transfer on 4/12/12, and sustained a head injury, fractured femur</p>		<p>re-educated of the facility's specific preference that 2 staff are present during the lift process. Nursing administration or designee will monitor 1 mechanical lift transfer daily X 1 month, then 3 days per week X 1 month. Each new staff member will be educated on proper technique with return demonstration before they use the mechanical lifts. Attachment # 2 How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; DON or designee will check the audits weekly. Any and all concerns will be addressed individually, and brought before the QA&A committee on a monthly basis X 6 months.***Additional request received 07/06/2012: F0323: Describe the system in which you will communicate the resident(s) appropriate transfer care, determined by therapy, to your direct care staff. After determining recommended lift status, therapy will communicate to nursing via form (see attached file titled "Therapy Note", which will be presented to ED or DON. Nurses will be responsible to update care plan and also to add to C.N.A. assignment sheet. If no issues that could result in accidents are observed for 3 months, routine audits will cease thereafter. By</p>				

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	<p>and fractured ribs. Physician's orders dated 04/18/12, indicated the use of Hoyer lift for all transfers. Orders dated 04/21/12, indicated a clarification order of two assist with mechanical lift.</p> <p>During an interview with RN #3 on 6/14/12 at 4:45 p.m., by telephone, she indicated that after the accident QMA #4 asked her to come to Resident B's room. She noticed the Hoyer lift was still in the air and the strap that should have been under the resident's right shoulder was not attached to the lift. She indicated CNA #1 and CNA #2 indicated one was putting the resident to bed while the other one was on the other side of the bed. She also indicated she observed the sling was new and all in-tact. She indicated QMA #4 stayed with the resident on the floor until the paramedics arrived. She indicated she also reminded the CNAs about putting the sling on correctly.</p> <p>On 6/15/12 at 11:00 a.m., CNA #1 was interviewed by telephone and indicated she and CNA #2 were both in the room at the time of the accident. She indicated she was across the hall helping another resident when CNA #1 asked her to help with the Hoyer lift of Resident #B. She indicated CNA#1 had already attached the straps from the sling to the lift and she</p>		what date the systemic changes will be completed; June 29, 2012				

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	<p>watched CNA #2 lift the resident out of her motorized chair with the sling when she observed the resident fall out of the sling from her right side onto the floor. She indicated she was unable to do anything because she was on the other side of the bed due to lack of space.</p> <p>A record review of an inservice provided by the facility, attended by CNA #1 and #2 conducted by the facility on 2/21/12 indicated the Hoyer Lift must have two people present before using to transfer the resident.</p> <p>During an observation of a Hoyer Lift transfer on 6/14/12 at 4:10 p.m., by other CNAs, it was noted that while one CNA used the controls to mechanically lift the resident from the wheelchair, the other CNA held onto the sling guiding it onto the area of the bed while the CNA at the controls lowered the resident onto the bed safely.</p> <p>Interview with the Administrator on 06/14/12 at 3:35 p.m. indicated the facility did not have manufacturer's recommendations for the Hoyer lift, but the facility used the instructions for mechanical lift out of a book by Briggs Corporation dated 2006 for long term care procedures and it was their policy to use the "Instructions for the mechanical lift"</p>						

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	<p>out of this book. The instructions were for an Invacare lift which recommended two assist for transfers to and from, but indicated their equipment will permit proper operation with one assist.</p> <p>This federal tag is related to Complaint IN00108595.</p> <p>3.1-45(a)(2)</p>						